



DAVID W. ROZEMA
County Attorney

COCONINO COUNTY ARIZONA

OFFICE OF THE COUNTY ATTORNEY

BAD CHECK PROGRAM

110 East Cherry Avenue, Flagstaff, Arizona 86001-4627

<http://www.coconino.az.gov/badcheck>

(928) 679-8218

Submit a separate form for *each* check

Today's Date _____

1. **VICTIM** (Individual/Organization check was written to)

Name _____

Address _____

Mailing address _____

City _____ State _____ Zip Code _____

Contact Person _____

Home Phone # _____ Work Phone # _____

2. **CHECK WRITER** (The person who actually signed the check)

Name _____

Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____

3. **IDENTIFICATION TAKEN ON CHECK WRITER**

(Failure to obtain valid and correct identification may result in criminal charges being declined)

Arizona Driver's License # _____

Out-Of-State Driver's License # _____ State _____

Date of Birth _____ Social Security # _____

Employment, Family, Etc. _____ Other ID _____

4. **INFORMATION ON CHECK**

Amount of check _____ Check # _____

Date check was written _____

Date check was received from the check writer _____

Address and city in which check was received _____

Was check received through the mail? ☐ Yes ☐ No

If yes, to what address _____

/ Attach original check here /

5. **ADDITIONAL INFORMATION**

Name of person who actually received the check from the check writer.

- B.** Can that person identify the person who passed the check? ☐ Yes ☐ No
- C.** Have you received a partial payment toward the check? ☐ Yes ☐ No
- D.** Was the check post-dated? ☐ Yes ☐ No
- E.** Were you asked to hold the check for a period of time before depositing? ☐ Yes ☐ No
- F.** Did the check writer in any way, indicate to you or anyone else in your organization that there may not be enough money in the bank to cover the check? ☐ Yes ☐ No
- If yes, please explain: _____
- G.** Have you attempted to contact the check writer? ☐ Yes ☐ No
- If so, how: _____
- H.** Have you been notified of any bankruptcy proceedings? ☐ Yes ☐ No

NOTE: If you answered yes on any question C thru F, criminal charges may be declined. Please see page 7 of the guidebook for details.

AGREEMENT OF TERMS

IT IS UNDERSTOOD and agreed that the check here attached is being presented for criminal action to the County Attorney, and that the undersigned, its agents and employees will cooperate in the prosecution of the crime herein. We will not request that the complaint on this check be dismissed, nor accept payment on the check without the consent and approval of the County Attorney's office. Acceptance of payment, or a partial payment on this check, may result in paying a statutory fee to the Bad Check Program. The facts stated above are hereby certified as being true by the undersigned.

I AGREE to notify the County Attorney's office immediately, of any change in address, phone number, ownership, or of the person or persons handling bad check cases for this organization. Failure to notify the County Attorney's office of any change in address may result in any and all restitution collected being forfeited to the Bad Check Program.

Dated this _____ day of _____, 20_____

Signature _____